

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 201

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John T. Quigley, MD

Mailing Address 301 W. Huntington Dr Suite 408

City State Zip Code  
 Arcadia CA 91007-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Coast Orthopaedic Gr-  
oup

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: A53E8D8A3A4434E3C984

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas E. Rose, MD

Mailing Address 360 San Miguel Dr Suite 701

City State Zip Code  
 Newport Beach CA 92660-5927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
California Ortho Speciali-  
sts

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: AF24C4E84AB6242F4975

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kent M. Samuelson, MD

Mailing Address 370 9th Ave Suite 205

City State Zip Code  
 Salt Lake City UT 84103-3184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopaedic Specialty Gro-  
up

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: A0AF4FCB88E17445E911

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....